PRV – Call Center Consumer-Directed Attendant Care (CDAC) Calls

Purpose:

The objective of this procedure is to help the Customer Service Representative (CSR) staff determine the status of claims in Medicaid Management Information System (MMIS).

This document allows the Customer Service Representative to follow a step-by-step procedure allowing them to give the status of claims submitted to the IME whether electronically or on paper to the providers that call into the call center

Identification of Roles:

Team Lead, Trainer, and Quality Assurance(QA) Coordinator, Supervisor, Manager

Performance Standards:

a. 80% service level, abandon rate, calls answered, calls received, average queue time (AQT).
b. 90% of telephone inquiries resolved during initial call.

Path of Business Procedure:

Step 1: Incoming Call

Step 2: Verification of Provider (Enter into OnBase Workview)

a. Verify National Provider Identifier (NPI) number
b. Obtain contact name
c. Obtain contact phone #

Step 3: Determine Reason for Call

a. Claim Status
b. Eligibility
c. Service Limits
d. MediPASS
e. Inquiry
f. CDAC

Step 4: Claim Status Call

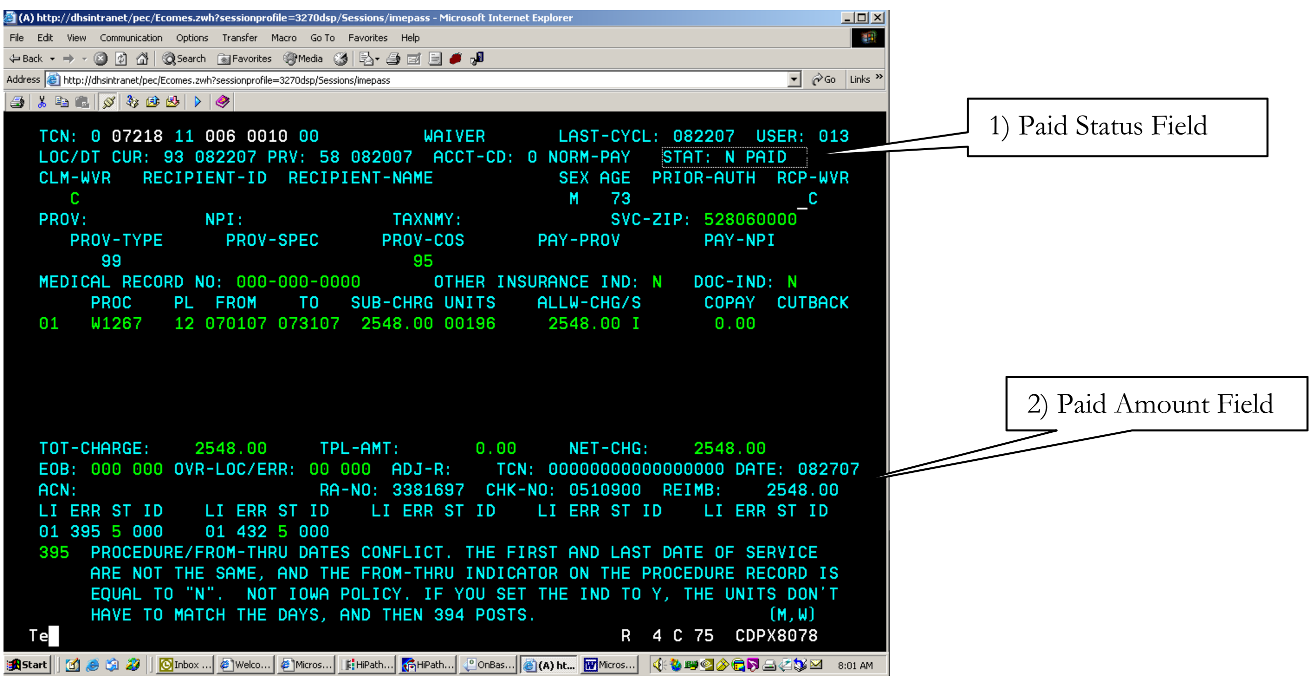
a. Provider is inquiring the status of the CDAC claim that was mailed or electronically sent to IME.
b. If not a claim status call, go back to Step 3 and determine the type of call and follow appropriate procedure (10.1-10.6)

Step 5: Obtain member information

a. Member Identification Number (ID#)
b. Date of Service (DOS)
c. Amount Billed
d. Enter NPI, member ID and Date of Service (DOS) into the Medicaid Management information System (MMIS)
    1. Go to File 5 in MMIS.
    2. In Section 1, “All Claims Files”, place an X.
    3. In Section 2, Option D, place the member’s # in “Recipient ID”.
    4. In Section 2, Option C, enter the NPI.
    5. Then enter NPI # in “Provider ID/NPI”.
    6. In section 3, “Date of Service”, enter the DOS.

Step 6: Review MMIS to determine if claim is paid

a. If paid, go to step 7
b. If claim is denied, go to step 8



    1. Paid Status Field: Paid, To Be Paid (Check will be issue next week), or Denied.
    2. Paid Amount Field: The amount the provider is seeking.

Step 7: Claim is paid, provide amount and paid date and go to step 12

Step 8: Is claim denied? If yes, go to step 9. If no, go to step 10

Step 9: If the claim is denied, educate provider and go to step 12

a. Give status of “denied’ and denial date
b. Check the edits for the denial reason

c. Pull up claim in OnBase to verify the denial reason
d. Claim denied incorrectly due to a keying or scanning error, resubmit the claim by clicking on the resubmit button in OnBase
e. Claim denied correctly, educate provider on how to correct and resubmit

Step 10: Is claim received? If yes go to step 11. If no, go back to step 3.

Step 11: Claim not received, educate provider and go to Step 12

a. Verify information provided by provider
b. Remove provider # from MMIS and search by DOS and member id
c. Remove DOS and search by NPI and member ID
d. Look for total charge of claim
e. Check for DOS for timely filing before advising to resubmit
f. Look in the Return To Provider (RTP) file in OnBase to determine if claim was mailed back by the Core Unit
g. Inform provider to resubmit claim

Step 12: End the call

a. Resolve provider’s question
b. Say thank you
c. Disconnect call.

Forms/Reports:

N/A

RFP References:

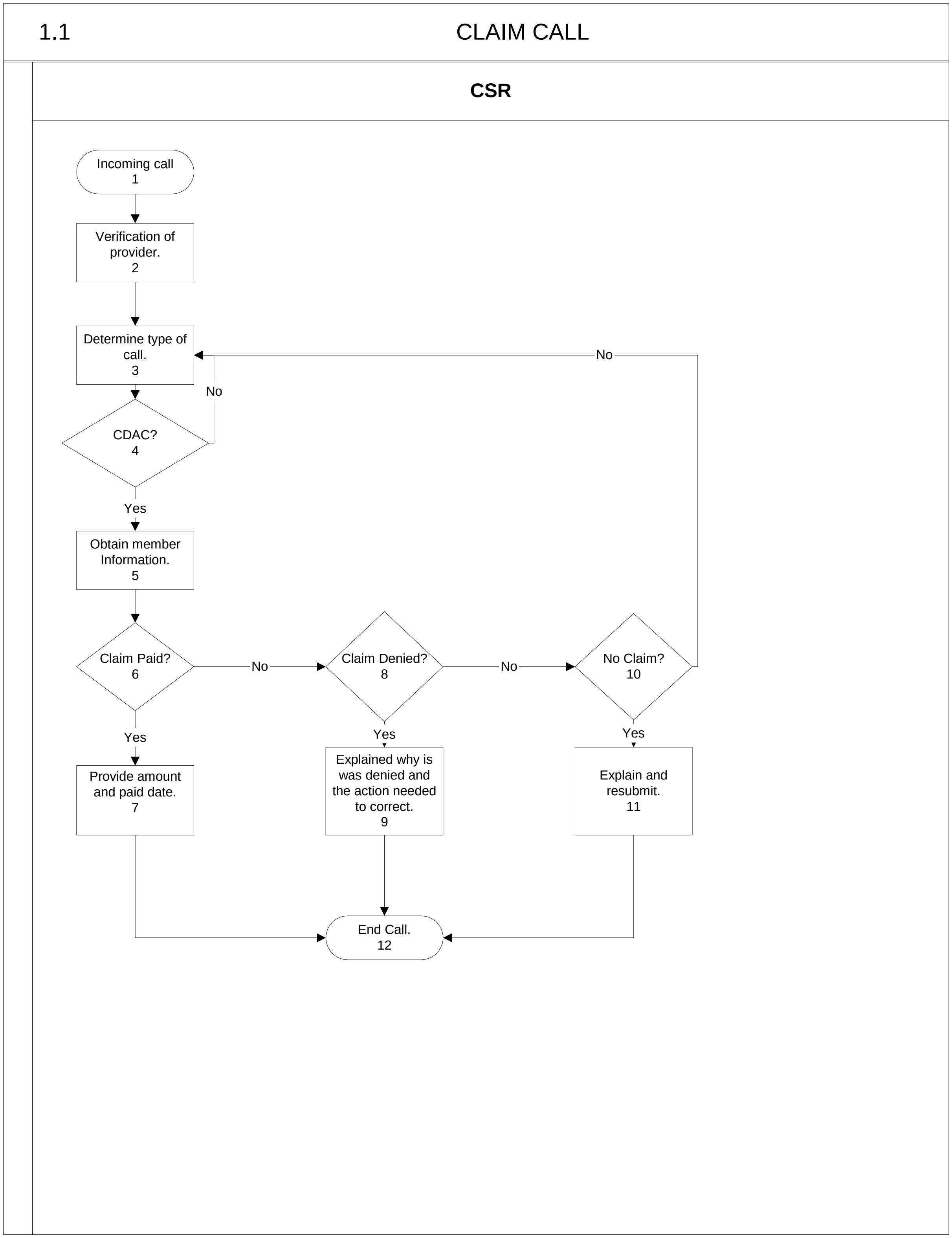
6.4.2.3.b

Interfaces:

MMIS
OnBase
Providers
Unit Leads

Attachments:

Process Map


1.1
CLAIM CALL
CSR
Incoming call 1
Verification of provider. 2
Determine type of call. 3
CDAC? 4
No
Yes
Obtain member Information. 5
Claim Paid? 6
No
Yes
Provide amount and paid date. 7
Claim Denied? 8
No
Yes
Explained why is was denied and the action needed to correct. 9
No Claim? 10
No
Yes
Explain and resubmit. 11
End Call. 12